

## APPENDIX A

### 2001 SIPP WAVE 7 TOPICAL MODULE QUESTIONNAIRE

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SIPP 2001 Wave 7  
Informal Caregiving Topical Module

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-HH01A-

There are situations in which people provide regular unpaid care or assistance to a family member or friend who has a long-term illness or a disability.

During the past month, did you provide any such care or assistance to a family member or friend living here or living elsewhere?

INCLUDE ONLY UNPAID CARE ACTIVITIES. INCLUDE ONLY THOSE CARE ACTIVITIES MADE NECESSARY BY THE ILLNESS OR DISABILITY OF THE RECIPIENT.

- (1) Yes
- (2) No

---

-HH02-

Did you provide such care or assistance to someone living here in the past month?

- (1) Yes
- (2) No

---

-HH03-

During the past month, for how many persons living here did you provide care or assistance?

\_\_\_\_\_ Number

---

-HH04-

For which person(s) in this household did you provide regular unpaid care or assistance? [Please list only the two persons for whom you provided the most assistance or care in the past month].

IF THERE IS ONLY ONE ENTRY, ENTER "N" AFTER THAT ENTRY.

---

-HH05A-

What is your relationship to ...?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

---

-HH06A-

For how many years have you provided care or assistance to ...?

ENTER "0" IF LESS THAN 1 YEAR.

\_\_\_\_\_ Years

---

-HH07A-

Now think about last month, what kind of care or assistance did you give to ...?

Did you:

- (1) Yes            (2) No

- a. Help ... dress, eat, bathe, or get to the bathroom?
- b. Help with medical needs such as taking medicines or changing bandages?
- c. Help ... keep track of bills, checks, or other financial matters?
- d. Help by taking ... shopping or to the doctor's office?
- e. Help in any other way? specify

---

-HH07A1-

Please specify "OTHER" care or assistance provided.

\_\_\_\_\_

---

-HH08A-

On average, how many hours a week did you usually spend providing care or assistance for ... in the past month?

\_\_\_\_\_ Hours

---

-HH09A-

Did ... receive similar unpaid care or assistance from anyone other than you in the past month?

- (1) Yes
  - (2) No
- 

-HH10A-

Think about the unpaid care and assistance provided by other person(s) in the past month, on average, how many hours per week did ... usually receive care or assistance?

\_\_\_\_\_ Hours

---

-HH12A-

Sometimes people receive professional home health care services such as visits by nurses or therapists or home health aides. Did ... receive professional home health care services in the past month?

- (1) Yes
  - (2) No
- 

-HH12A1-

In terms of professional care or assistance from home health care services, how many hours per week did ... usually receive in the past month?

\_\_\_\_\_ Hours

---

-HH05B-

What is your relationship to ...?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

---

-HH06B-

For how many years have you provided care or assistance to ...?

ENTER "0" IF LESS THAN 1 YEAR.

\_\_\_\_\_ Years

---

-HH07B-

Now think about last month, what kind of care or assistance did you give to ...?

Did you:

- (1) Yes            (2) No

- a. Help ... dress, eat, bathe, or get to the bathroom?
- b. Help with medical needs such as taking medicines or changing bandages?
- c. Help ... keep track of bills, checks, or other financial matters?
- d. Help by taking ... shopping or to the doctor's office?
- e. Help in any other way? specify

---

-HH07B1-

Please specify "OTHER" care or assistance provided.

\_\_\_\_\_

---

-HH08B-

On average, how many hours a week did you usually spend providing care or assistance for ... in the past month?

\_\_\_\_\_ Hours

---

-HH09B-

Did ... receive similar unpaid care or assistance from anyone other than you in the past month?

- (1) Yes
  - (2) No
- 

-HH10B-

Think about the unpaid care and assistance provided by other person(s) in the past month, on average, how many hours per week did ... usually receive care or assistance?

\_\_\_\_\_ Hours

---

-HH12B-

Sometimes people receive professional home health care services such as visits by nurses or therapists or home health aides. Did ... receive professional home health care services in the past month?

- (1) Yes
  - (2) No
- 

-HH12B1-

In terms of professional care or assistance from home health care services, how many hours per week did ... usually receive in the past month?

\_\_\_\_\_ Hours

---

-HH13-

During the past month, did you provide any unpaid care or assistance to any persons who lived outside of your home?

INCLUDE ONLY UNPAID CARE OR ASSISTANCE ACTIVITIES. INCLUDE ONLY THOSE ACTIVITIES MADE NECESSARY BY THE ILLNESS OR DISABILITY OF THE RECIPIENT.

(1) Yes

(2) No

---

-HH14-

For how many persons living outside of your home did you provide care or assistance in the past month?

\_\_\_\_\_ Number

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-HH15-

What was the name(s) of the person(s) outside your home for whom you provided care or assistance? [Please list only the two persons for whom you provided the most assistance in the past month].

IF THERE IS ONLY ONE ENTRY, ENTER "N" AFTER THAT ENTRY.

1<sup>st</sup> Person's Name \_\_\_\_\_

2<sup>nd</sup> Person's Name \_\_\_\_\_

---

-HH16A-

What is your relationship to ?

- (1) Spouse
- (2) Partner
- (3) Child
- (4) Grandchild
- (5) Parent
- (6) Brother/sister
- (7) Other relative
- (8) Nonrelative

---

-HH17A-

For how many years have you provided care or assistance to ...?

ENTER "0"; IF LESS THAN 1 YEAR.

\_\_\_\_\_ Years

---

-HH18A-

In what type of residence did ... live in the past month? Was it a house or apartment, or was it some type of care facility?

- (1) House or apartment
- (2) Care facility
- (3) Other, specify

---

-HH18A1-

Please specify "OTHER" type of residence.

\_\_\_\_\_

---



-HH19A-

What kind of assistance did you give to ...?

Did you:

(1) Yes            (2) No

- a. Help ... dress, eat, bathe, or get to the bathroom?
- b. Help with medical needs such as taking medicines or changing bandages?
- c. Help ... keep track of bills, checks, or other financial matters?
- d. Help by taking ... shopping or to the doctor's office?
- e. Other assistance? specify

---

-HH19A1-

Please specify "OTHER" type of assistance.

\_\_\_\_\_

---

-HH20A-

On average, how many hours a week did you usually spend providing care or assistance for ...?

\_\_\_\_\_ Hours

---

-HH21A-

During the past month, did ... receive similar unpaid care or assistance from any other persons?

- (1) Yes
  - (2) No
-

-HH21A1-

Think about the last month, how many hours per week of unpaid care or assistance did ... usually receive from that person(s)?

\_\_\_\_\_

---

-HH23A-

During the past month, did you regularly spend time with ...in order to provide companionship and emotional support because of this illness or disability?

- (1) Yes
- (2) No

---

-HH24A-

Sometimes people receive professional home health care services such as visits by nurses or therapists or home health aides. Did ... receive professional health care or assistance during the past month?

- (1) Yes
- (2) No

---

-HH24A1-

In terms of professional care or assistance from home health care services, how many hours per week did ... usually receive in the past month?

\_\_\_\_\_ Hours

---

-HH16B-

What is your relationship to ?

- (1) Spouse
  - (2) Partner
  - (3) Child
  - (4) Grandchild
  - (5) Parent
  - (6) Brother/sister
  - (7) Other relative
  - (8) Nonrelative
-

-HH17B-

For how many years have you provided care or assistance to ...?

ENTER "0"; IF LESS THAN 1 YEAR.

\_\_\_\_\_ Years

---

-HH18B-

In what type of residence did ... live in the past month? Was it a house or apartment, or was it some type of care facility?

- (1) House or apartment
  - (2) Care facility
  - (3) Other, specify
- 

-HH18B1-

Please specify "OTHER" type of residence.

\_\_\_\_\_

---

-HH19B-

What kind of assistance did you give to ...?

Did you:

- (1) Yes      (2) No

- a. Help ... dress, eat, bathe, or get to the bathroom?
  - b. Help with medical needs such as taking medicines or changing bandages?
  - c. Help ... keep track of bills, checks, or other financial matters?
  - d. Help by taking ... shopping or to the doctor's office?
  - e. Other assistance? specify
-

-HH19B1-

Please specify "OTHER" type of assistance.

\_\_\_\_\_

---

-HH20B-

On average, how many hours a week did you usually spend providing care or assistance for ...?

\_\_\_\_\_ Hours

---

-HH21B-

During the past month, did ... receive similar unpaid care or assistance from any other persons?

(1) Yes

(2) No

---

-HH21B1-

Think about the last month, how many hours per week of unpaid care or assistance did ... usually receive from that person(s)?

\_\_\_\_\_

---

-HH23B-

During the past month, did you regularly spend time with ...in order to provide companionship and emotional support because of this illness or disability?

(1) Yes

(2) No

-HH24B-

Sometimes people receive professional home health care services such as visits by nurses or therapists or home health aides. Did ... receive professional health care or assistance during the past month?

- (1) Yes
- (2) No

---

-HH24B1-

In terms of professional care or assistance from home health care services, how many hours per week did ... usually receive in the past month?

\_\_\_\_\_ Hours

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End of Informal Caregiving Topical Module

SIPP 2001 Panel Wave 7  
Children's Well-Being Topical Module

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-STATUS-

Are you available to answer some questions about the children in the household?

- (1) Yes
  - (2) No
- 

-STATUS1-

Are you available to answer these questions?

- (1) Yes
  - (2) No
- 

-APPT-

When would be a good time to contact you to answer these questions?

---

-LEAD-IN-

Now we are going to ask you a few questions about your children.

---

-CW3a-

Other than members of (child's name) immediate family, has (child's name) **EVER** been cared for regularly in any Head Start, day care, or pre-school programs or by any family day care providers or babysitters?

**\*\*NOTE: AN "IMMEDIATE FAMILY MEMBER" CAN BE ANY RELATIVE THE RESPONDENT CONSIDERS TO BE PART OF THEIR IMMEDIATE FAMILY.\*\***

- (1) Yes
  - (2) No
-

-CW3b-

How old was (child's name) when he/she was **FIRST** cared for by someone other than you or an immediate family member on a regular basis?

\_\_\_ Years  
\_\_\_ Months

---

-CW3c-

Thinking back to that time, for how many hours each **WEEK** was (child's name) usually cared for by someone else?

\_\_\_\_\_ Number of hours

---

-CW4a-

Has (child's name) ever lived apart from you, for any reason, for a **MONTH OR MORE**?

- (1) Yes
- (2) No

---

-CW4b-

Thinking about these instances, did you send this child to live with someone else because he/she were not able to keep (child's name) with you?

- (1) Yes
- (2) No
- (3) Sometimes yes, sometimes no

**\*\*NOTE: CATEGORY (3) TO BE USED ONLY IF CHILD LIVED APART FROM RESPONDENT MORE THAN ONE TIME.\*\***

---

-CW4c-

Did this happen at any time during the **PAST 12 MONTHS**?

- (1) Yes
  - (2) No
-

-CW5-

About how many times in the **PAST MONTH** did you or any family member take (child's name) on any kind of outing - out to the park, to church, to a playground, to visit with friends or relatives, etc.?

\_\_\_\_\_ Number of times  
(N) None

---

-CW6a-

About how many times in the **PAST WEEK**, in total, did any family member read stories to (child's name)?

**\*\*NOTE: THE TOTAL SHOULD INCLUDE THE COMBINED NUMBER OF TIMES THAT THE MOTHER, FATHER, AND ALL OTHER FAMILY MEMBERS READ TO THE CHILD. IF TWO OR MORE PEOPLE READ TO THE CHILD TOGETHER, COUNT IT ONLY ONCE.\*\***

\_\_\_\_\_ Number of times  
(N) None

---

-CW6b-

About how many times in the **PAST WEEK** did you read to (child's name)?

**\*\*NOTE: INCLUDE ALL THE TIMES THE DESIGNATED PARENT READ TO THE CHILD AND THE TIMES THE DESIGNATED PARENT WAS PRESENT WHEN SOMEONE ELSE READ TO THE CHILD.\*\***

\_\_\_\_\_ Number of times  
(N) None

---



-CW6c-

And, about how many times in the **PAST WEEK** did you read to (child's name)?

**\*\*NOTE: INCLUDE ALL THE TIMES THE FATHER READ TO THE CHILD AND THE TIMES HE WAS PRESENT WHEN SOMEONE ELSE READ TO THE CHILD.\*\***

\_\_\_\_\_ Number of times  
(N) None

---

-CW7a-

Are there family rules for (child's name) about what television programs he/she can watch?

- (1) Yes
  - (2) No
- 

-CW7b-

Are there family rules about how early or late (child's name) may watch television?

- (1) Yes
  - (2) No
- 

-CW7c-

Are there family rules about how many hours (child's name) may watch television?

- (1) Yes
  - (2) No
- 

-CW8a-

In a **TYPICAL WEEK LAST MONTH**, how many **DAYS** did you eat **BREAKFAST** with (child's name)?

\_\_\_\_\_ Days  
(N) None

---

-CW8b-

In a **TYPICAL WEEK LAST MONTH**, how many **DAYS** did you eat **DINNER** with (child's name)?

\_\_\_\_\_ Days

(N) None

---

-CW8c-

In a **TYPICAL WEEK LAST MONTH**, how many **DAYS** did you eat **BREAKFAST** with (child's name)?

\_\_\_\_\_ Days

(N) None

---

-CW8d-

In a **TYPICAL WEEK LAST MONTH**, how many **DAYS** did you eat **DINNER** with (child's name)?

\_\_\_\_\_ Days

(N) None

---

-CW9a-

How often do you and (child's name) talk or play with each other for 5 minutes or more, just for fun?

(READ CATEGORIES)

(1) Never

(2) About once a week (or less)

(3) A few times a week

(4) One or two times a day

(5) Many times each day

---

-CW9b-

How often do you and (child's name) talk or play with each other for 5 minutes or more, just for fun?

(READ CATEGORIES)

- (1) Never
  - (2) About once a week (or less)
  - (3) A few times a week
  - (4) One or two times a day
  - (5) Many times each day
- 

-CW10a-

How often do you praise or compliment (child's name) by saying something like, "Good for you!" or "What a nice thing you did!" or "Way to go!"?

(READ CATEGORIES)

- (1) Never
  - (2) About once a week (or less)
  - (3) A few times a week
  - (4) One or two times a day
  - (5) Many times each day
- 

-CW10b-

How often do you praise or compliment (child's name) by saying something like, "Good for you!" or "What a nice thing you did!" or "Way to go!"?

(READ CATEGORIES)

- (1) Never
  - (2) About once a week (or less)
  - (3) A few times a week
  - (4) One or two times a day
  - (5) Many times each day
-

-CW11a-

How far would you **LIKE** (child's name) to go in school?

- (1) Leave school before graduation
  - (2) Graduate from high school
  - (3) Get some college or other training
  - (4) Graduate from college
  - (5) Take further education or training after college
- 

-CW11b-

How far would you **LIKE** (child's name) to go in school?

- (1) Leave school before graduation
  - (2) Graduate from high school
  - (3) Get some college or other training
  - (4) Graduate from college
  - (5) Take further education or training after college
- 

-CW12-

How far do you **THINK** (child's name) will go in school?

- (1) Leave school before graduation
  - (2) Graduate from high school
  - (3) Get some college or other training
  - (4) Graduate from college
  - (5) Take further education or training after college
- 

-CW13a-

Has (child's name) **EVER** attended or been enrolled in kindergarten?

- (1) Yes
  - (2) No
-

-CW13b-

How old was (child's name) in years and months when he/she first started kindergarten?

\_\_\_\_\_ Years

\_\_\_\_\_ Months

---

-CW13c-

Has (child's name) **EVER** attended or been enrolled in first grade?

(1) Yes

(2) No

---

-CW13d-

How old was (child's name) in years and months when he/she first started first grade?

\_\_\_\_\_ Years

\_\_\_\_\_ Months

---

-CW13e-

Has (child's name) **EVER** attended or been enrolled in kindergarten or elementary school **IN ANY GRADE?**

(1) Yes

(2) No

---

-CW14-

What is the highest grade or year (child's name) has completed?

- (K) Kindergarten
- (1) First grade
- (2) Second grade
- (3) Third grade
- (4) Fourth grade
- (5) Fifth grade
- (6) Sixth grade
- (7) Seventh grade
- (8) Eighth grade
- (9) Ninth grade
- (10) Tenth grade
- (11) Eleventh grade
- (12) Twelfth grade
- (C) College, one year or more
- (N) None (No grade completed)

---

-CW15a-

Is (child's name) currently attending or enrolled in school?

- (1) Yes
  - (2) No
-

-CW15b-

What grade or year in school is (child's name) now attending?

- (K) Kindergarten
- (1) First grade
- (2) Second grade
- (3) Third grade
- (4) Fourth grade
- (5) Fifth grade
- (6) Sixth grade
- (7) Seventh grade
- (8) Eighth grade
- (9) Ninth grade
- (10) Tenth grade
- (11) Eleventh grade
- (12) Twelfth grade
- (C) College, one year or more

---

-CW15c-

Is (child's name) enrolled in public school **OR** private school?

- (1) Public
- (2) Private

---

-CW15d-

Is (child's name) school the regularly assigned (neighborhood/community) school, or a school you chose?

- (1) Assigned
- (2) Chosen
- (3) Both

---

-CW15e-

Is (child's name) school affiliated with a religion?

- (1) Yes
  - (2) No
-

-CW15f-

Does (child's name) go to a special class for gifted students, or do advanced work in any subjects?

(1) Yes

(2) No

---

-CW16-

Is (child's name) on a sports team either in or out of school?

(1) Yes

(2) No

---

-CW17-

Does (child's name) take lessons after school or on weekends in subjects like music, dance, language, computers, or religion?

(1) Yes

(2) No

---

-CW18-

Does (child's name) participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or a Girls or Boys club?

(1) Yes

(2) No

---



-CW19a-

**\*\*NOTE: QUESTION CW19 allows respondent to answer from her/his own perspective. Questions refer to the respondent if the respondent is the designated parent/guardian or to the spouse of the designated parent or guardian if the spouse is the proxy respondent.\*\***

In general, (child's name) likes to go to school. Would you say this statement is not true, sometimes true, or often true?

- (1) Not true
- (2) Sometimes true
- (3) Often true

---

-CW19b-

(Child's name) is interested in school work. Would you say this statement is not true, sometimes true, or often true?

- (1) Not true
- (2) Sometimes true
- (3) Often true

---

-CW19c-

(Child's name) works hard at school. Would you say this statement is not true, sometimes true, or often true?

- (1) Not true
- (2) Sometimes true
- (3) Often true

---

-CW20a-

Other than graduating from one school to another, has (child's name) **EVER** changed schools since entering the first grade?

- (1) Yes
  - (2) No
-

-CW20b-

How many times did (child's name) change schools for reasons other than graduation?

\_\_\_\_\_ Number of times

---

-CW21a-

Has (child's name) repeated any grades, or been held back for any reason?

(1) Yes

(2) No

---

-CW21b-

Which grade or grades did (child's name) repeat?  
(MARK ALL THAT APPLY) Enter N for no more.

(K) Kindergarten

(1) First grade

(2) Second grade

(3) Third grade

(4) Fourth grade

(5) Fifth grade

(6) Sixth grade

(7) Seventh grade

(8) Eighth grade

(9) Ninth grade

(10) Tenth grade

(11) Eleventh grade

(12) Twelfth grade

---

-CW22a-

Has (child's name) ever been suspended, excluded, or expelled from school?

(1) Yes

(2) No

---

-CW22b-

How many times has this happened?

\_\_\_\_\_ Number of times

---

-CW22c-

What grade was (child's name) in when this happened (the first time)?

- (K) Kindergarten
  - (1) First grade
  - (2) Second grade
  - (3) Third grade
  - (4) Fourth grade
  - (5) Fifth grade
  - (6) Sixth grade
  - (7) Seventh grade
  - (8) Eighth grade
  - (9) Ninth grade
  - (10) Tenth grade
  - (11) Eleventh grade
  - (12) Twelfth grade
- 

-CW23a-

Now I'm going to read you a few statements about feelings parents may have regarding their children. Please tell me how often you feel this way.

My child is much harder to care for than most children. How often do you feel this way?

(READ CATEGORIES)

- (1) Never
  - (2) Sometimes
  - (3) Often
  - (4) Very often
-

-CW23b-

My child does things that really bother me a lot. How often do you feel this way?

(READ CATEGORIES)

- (1) Never
  - (2) Sometimes
  - (3) Often
  - (4) Very often
- 

-CW23c-

I find myself giving up more of my life to meet my child's needs than I ever expected. How often do you feel this way?

(READ CATEGORIES)

- (1) Never
  - (2) Sometimes
  - (3) Often
  - (4) Very often
- 

-CW23d-

I feel angry with my child. How often do you feel this way?

- (1) Never
  - (2) Sometimes
  - (3) Often
  - (4) Very often
-

-CW24a-

"People in this (neighborhood/community) help each other out"? Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

---

-CW24b-

"We watch out for each other's children in this (neighborhood/community)"? Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

---

-CW24c-

"There are people I can count on in this (neighborhood/community)"? Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
  - (2) agree
  - (3) disagree
  - (4) strongly disagree
  - (5) have no opinion
-

-CW24d-

"There are people in this (neighborhood/community) who might be a bad influence on my child"? Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

---

-CW24e-

"If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help he/she"? Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

---

-CW24f-

"I keep my child inside as much as possible because of the dangers in the (neighborhood/community)"? Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
  - (2) agree
  - (3) disagree
  - (4) strongly disagree
  - (5) have no opinion
-

-CW24g-

"There are safe places in this (neighborhood/community) for children to play outside? Do you strongly agree, agree, disagree, or strongly disagree with this statement?

- (1) strongly agree
- (2) agree
- (3) disagree
- (4) strongly disagree
- (5) have no opinion

---

End of Children's Well-Being Topical Module

SIPP 2001 Wave 7  
Retirement and Pension Plan Coverage Topical Module

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-PR1TRO-

These next questions concern your retirement expectations and pension plan coverage.  
PRESS "ENTER" TO CONTINUE.

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-PR1\_PR090-

Was your primary source of work related income during the last 4 months from your job or from your business?

- (1) Job
  - (2) Business
- 

-PR3\_PR110-

I just need to verify some information. Thinking about the location where you work, about how many people are employed there by [Name of Business]?

- (1) less than 10
  - (2) 10 to 24
  - (3) 25 to 49
  - (4) 50 to 99
  - (5) 100 to 249
  - (6) 250 to 499
  - (7) 500 to 999
  - (8) 1,000 or more
- 

-PR4\_PR120-

About how many people are employed by [Name of Business] at all locations?

- (1) less than 10
  - (2) 10 to 24
  - (3) 25 to 49
  - (4) 50 to 99
  - (5) 100 to 249
  - (6) 250 to 499
  - (7) 500 to 999
  - (8) 1,000 or more
- 

-PR4A\_PR121-



I just need to verify some information. About how many people are employed by [Name of Business]?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

---

-PR5\_PR130-

How many weeks during the year do you usually work at [Name of Business]. Include paid vacation and sick leave as work time.

\_\_\_\_\_ Weeks

---

-PR6\_PR140-

How many years have you been working for [Name of Business]?

\_\_\_\_\_ Number

ENTER "1" FOR MONTHS OR "2" FOR YEARS.

- (1) Months
- (2) Years

---

-PR7\_PR150-

Now I'd like to ask about retirement plans offered on this job, not Social Security, but plans that are sponsored by your employer(s). This includes regular pension plans as well as other kinds of

retirement plans like thrift and savings plans, 401(k) or 403(b) plans, and deferred profit-sharing and stock plans.

Does your employer(s) have any kind of pension or retirement plans for anyone in your company or organization?

- (1) Yes
- (2) No

---

-PR8\_PR160-

Are you included in such a plan?

- (1) Yes
- (2) No

---

-PR9\_PR170-

Why are you not included?

ENTER ALL THAT APPLY.

ENTER "N" AFTER LAST ENTRY.

- (01) No one in my type of job is allowed in the plan
- (02) Don't work enough hours, weeks or months per year
- (03) Haven't worked long enough for this employer
- (04) Started job too close to retirement date
- (05) Too young
- (06) Can't afford to contribute
- (07) Don't want to tie up money
- (08) Employer doesn't contribute, or contribute enough for this employer
- (09) Don't plan to be in job long enough
- (10) Don't need it
- (11) Have an IRA or other pension plan coverage
- (12) Spouse has pension plan
- (13) Haven't thought about it
- (14) Some other reason

---

-PR9\_ERR-

"Don't Know and/or Refused" response not permitted with other answers.  
Enter (B) to backup

---

-PR10\_PR180-

Is the plan something like a 401(k) plan, where workers contribute to the plan and their contributions are tax deferred?

- (1) Yes
- (2) No

---

-PR11\_PR190-

Some workers participate in more than one retirement plan. For example, they might have a regular pension plan and also have some kind of retirement savings plan.

How many different pension or retirement plans do you have on this job?

\_\_\_\_\_Number of plans

---

-PR12\_PR200-

The following question is about the plan you would consider to be your most important retirement plan on this job. There are several different types of retirement plans.

In the first type, your benefit is defined by a formula usually involving your earnings and years on the job.

In the second type of plan, contributions made by you and/or your employer go into an individual account for you.

The third type of plan shares some characteristics with the above two plans. In this type of plan, your employer contributes a value equal to a percent of each of your earnings each year and there is a rate of return on that contribution. This type of plan is sometimes called a cash balance plan.

Which type of plan are you in?

- (1) Plan based on earnings and years on the job
- (2) Individual account plan
- (3) Cash Balance Plan

---

-PR13\_PR210-

What is your second most important plan on this job?

- (1) Plan based on earnings and years on the job
- (2) Individual account plan
- (3) Cash Balance Plan

---

-PR14\_PR220-

The following series of questions refer to your (most important) plan.

Do you contribute any money to this plan, for example, through payroll deductions?

- (1) Yes
- (2) No

---

-PR14A\_PR220A-

In some plans like 401(k) plans the money you contribute is tax-deferred. Are your contributions to this plan tax-deferred?

- (1) Yes
- (2) No

---

-PR14B\_PR220B-

If were to leave your job(s) now or within the next few months, could you eventually receive some benefits from this plan when you reach retirement age?

- (1) Yes
- (2) No

---

-PR14C\_PR220C-

If you left your job(s) now, could you get a lump-sum payment from this plan when you left?

- (1) Yes
- (2) No

---

-PR15\_PR230-

How many years have you been included in this plan?

\_\_\_\_\_ Years

---

-PR16\_PR231-

Will your benefits from this plan be either increased or decreased because you participate in the Social Security program?

- (1) Yes
- (2) No
- (3) Do not participate in Social Security

---

-PR17\_PR232-

How much has your employer(s) contributed to your plan within the last year?

---

-PR18\_PR233-

As of the end of (reference month 4), what was the total amount of money in your account?

---

-PR19\_PR234-

What is your best estimate of the amount in your account?

READ ALL CATEGORIES:

- (1) Less than \$5,000
- (2) \$5,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) \$25,001 to \$50,000
- (5) \$50,001 to \$75,000
- (6) \$75,001 or more

---

-PR20\_PR240-

The following series of questions refer to your second most important pension plan.

Do you contribute any money to this plan, for example, through payroll deductions?

- (1) Yes
- (2) No

---

-PR20A\_PR240A-

In some plans like 401(k) plans the money you contribute is tax-deferred. Are your contributions to this plan tax-deferred?

- (1) Yes
- (2) No

---

-PR20B\_PR240B-

If you were to leave your job(s) now or within the next few months, could you eventually receive some benefits from this plan when you reach retirement age?

- (1) Yes
  - (2) No
-

-PR20C\_PR240C-

If you left your job(s) now, could you get a lump-sum payment from this plan when you left?

- (1) Yes
- (2) No

---

-PR21\_PR250-

How many years have you been included in this plan?  
\_\_\_\_\_ Years

---

-PR22\_PR251-

Will your benefits from this plan be either increased or decreased because you participate in the Social Security program?

- (1) Yes
- (2) No
- (3) Do not participate in Social Security

---

-PR23\_PR252-

How much has your employer(s) contributed to your plan within the last year?

---

-PR24\_PR253-

As of the end of (reference month 4), what was the total amount of money in your account?

---

-PR25\_PR254-

What is your best estimate of the amount in your account?  
READ ALL CATEGORIES:

- (1) Less than \$5,000
  - (2) \$5,000 to \$10,000
  - (3) \$10,001 to \$25,000
  - (4) \$25,001 to \$50,000
  - (5) \$50,001 to \$75,000
  - (6) \$75,001 or more
-

-PR26\_PR260-

I'd like to make sure about a particular type of retirement plan that allows workers to make tax deferred contributions. For example, you might choose to have your employer put part of your salary into a retirement savings account and you do not have to pay taxes on this money until you retire. These plans are called by different names, including 401(k) plans, pre-tax plans, salary reduction plans and 403(b) plans.

Does your employer(s) offer a plan like this to anyone in your company or organization?

- (1) Yes
- (2) No

---

-PR27\_PR270-

Are you participating in this plan?

- (1) Yes
- (2) No

---

-PR28\_PR280-

Why are you not included?

ENTER ALL THAT APPLY  
ENTER "N" AFTER LAST ENTRY.

- (01) No one in my type of job is allowed in the plan
  - (02) Don't work enough hours, weeks or months per year
  - (03) Haven't worked long enough for this employer
  - (04) Started job too close to retirement date
  - (05) Too young
  - (06) Can't afford to contribute
  - (07) Don't want to tie up money
  - (08) Employer doesn't contribute, or contribute enough
  - (09) Don't plan to be in job long enough
  - (10) Don't need it
  - (11) Have an IRA or other pension plan coverage
  - (12) Spouse has pension plan
  - (13) Haven't thought about it
  - (14) Some other reason
-

-PR28A\_PR281-

Does your employer provide a matching contribution, or contribute to the plan in any other way?

- (1) Yes
- (2) No

---

-PR29\_PR290-

Do you expect to start participating in this plan within the next few years?

- (1) Yes
- (2) No

---

-PR30\_PR300-

Referring to your most important plan, how much do you contribute toward this plan?

ENTER (N) IF RESPONDENT MAKES NO CONTRIBUTIONS.

\$ \_\_\_\_\_

- Per:
- (1) Week
  - (2) Biweekly
  - (3) Month
  - (4) Quarter
  - (5) Year

OR

\_\_\_\_\_ Percent of Salary

---

-PR31\_PR310-

Does your employer(s) make contributions into this plan?

- (1) Yes
- (2) No

---

-PR32\_PR320-

Does the amount that your employer(s) contributes to the plan depend entirely, partly, or not at all on the amount you contribute?

- (1) Depends entirely
  - (2) Depends partly
  - (3) Not at all
-



-PR33\_PR330-

How much does your employer(s) actually contribute to the plan?

\$ \_\_\_\_\_

- Per:   (1) Week  
         (2) Biweekly  
         (3) Month  
         (4) Quarter  
         (5) Year  
         OR

\_\_\_\_\_ Percent of Salary

- OR  
(6) Contributions out of profits  
(7) Contribution varies
- 

-PR34\_PR340-

Are you able to choose how any of the money in the plan is invested?

- (1) Yes  
(2) No
- 

-PR35\_PR350-

Are you able to choose how all of the money is invested, or just part of it?

- (1) All of the money  
(2) Part of the money
-

-PR36\_PR360-

How are the current contributions to this account being invested?

READ ALL CATEGORIES. ENTER ALL THAT APPLY.  
ENTER "N" AFTER LAST ENTRY

- (1) Company stock of your employer
- (2) Stock funds
- (3) Corporate bonds or bond funds
- (4) Long term interest bearing securities
- (5) Diversified stock and bond funds
- (6) Government securities
- (7) Money market funds
- (8) Other investments

---

-PR37\_PR370-

Of the types of investments just mentioned, which type is where the largest share of current contributions are being invested?

- (1) Employer company stock
- (2) Stock funds
- (3) Corporate bonds or bond funds
- (4) Long term interest bearing securities
- (5) Diversified stock and bond funds
- (6) Government securities
- (7) Money market funds
- (8) Other investments
- (9) Evenly split between types reported

---

-PR38\_PR380-

As of the end of (reference month), what was the total amount of money in your account?

---

-PR39\_PR390-

What is your best estimate of the amount in your account?

READ ALL CATEGORIES.

- (1) Less than \$5,000
  - (2) \$5,000 to \$10,000
  - (3) \$10,001 to \$25,000
  - (4) \$25,001 to \$50,000
  - (5) \$50,001 to \$75,000
  - (6) \$75,001 or more
- 

-PR40\_PR391-

Have you ever taken out any money from your plan in the form of a loan?

- (1) Yes
  - (2) No
- 

-PR41\_PR392-

Does your plan permit you to take out a loan?

- (1) Yes
  - (2) No
- 

-PR42\_PR393-

What is the current outstanding balance due from that loan?

---

-PR43\_PR394-

What is [fill HISHER] best estimate of the amount of the loan?

READ ALL CATEGORIES.

- (1) Less than \$2,500
  - (2) \$2,500 to \$5,000
  - (3) \$5,001 to \$10,000
  - (4) \$10,001 to \$25,000
  - (5) \$25,001 to \$50,000
  - (6) \$50,001 or more
-

-PR44\_PR400-

Are you participating in any pension or retirement plans offered on any other jobs or businesses you currently have?

(1) Yes

(2) No

---

-PR45\_PR410-

The next questions are about pension or retirement plans offered by employers or unions. This includes regular pension plans as well as other kinds of retirement plans, like thrift and savings plans, 401(K) or 403(b) plans and deferred profit-sharing and stockplans, excluding Social Security. Other than Social Security or the plans we have already talked about have you ever been covered by a pension or retirement plan on any previous jobs or businesses?

(1) Yes

(2) No

---

-PR46\_PR420-

Are there any previous plans from which you have not yet received any benefits, but expect to receive them in the future?

(1) Yes

(2) No

---

-PR47\_PR430-

How many years did you work on the job from which you contributed to receive this pension?

\_\_\_\_\_ Years

---

-PR47A\_PR431-

In what year did you leave that job?

\_\_\_\_\_ Year

---

-PR48\_PR440-

Will the amount of your retirement benefits from that plan be determined by a formula such as one based on your earnings and years of service or will your benefits be based on the total amount of money held in an individual account for you?

- (1) Based on a formula
- (2) Based on the amount of money in account

---

-PR49\_PR450-

As of the end of (reference month 4), what was the total amount of money in your account?

---

-PR50\_PR460-

What is your best estimate of the amount of money in your account?

READ ALL CATEGORIES.

- (1) Less than \$5,000
- (2) \$5,000 to \$10,000
- (3) \$10,001 to \$25,000
- (4) \$25,001 to \$50,000
- (5) \$50,001 to \$75,000
- (6) \$75,001 or more

---

-PR51\_PR461-

Could you withdraw this money now, or will you have to wait until retirement age to get the money?

- (1) Could withdraw money now
- (2) Must wait until retirement

---

-PR52\_PR470-

Have you ever received a lump-sum payment from a pension or retirement plan from a previous job, including any lump sums that may have been directly rolled over to another plan or to an IRA?

- (1) Yes
  - (2) No
-

-PR52A\_PR471-

Why did you leave that job?  
Mark One

- (1) Laid off
- (2) Retired or old age
- (3) Child care problems
- (4) Other family obligations
- (5) Own illness
- (6) Own injury
- (7) School/training
- (8) Discharged/fired
- (9) Employer bankrupt
- (10) Employer sold business
- (11) Job temporary and ended
- (12) Quit to take another job
- (13) Slack work/business conditions
- (14) Unsatisfactory work arrangements

---

-PR53\_PR480-

Have you ever received survivor benefits in the form of a lump-sum payment from someone else's pension or retirement plan?

- (1) Yes
- (2) No

---

-PR54\_PR490-

Over the years, how many of these lump sum distributions, including rollovers, have you received?

\_\_\_\_\_ Number

---

-PR55\_PR500-

Please answer the following questions about your most recent lump sum or rollover. In what year did you receive this lump sum or rollover?

\_\_\_\_\_ Year

---

-PR56\_PR510-

Did you also receive any lump sum payments in 2002?

- (1) Yes
- (2) No

---

-PR57\_PR520-

Was the lump sum (you received in 2002/you received in 2003) from a private employer or union plan, from the military, from other Federal employee plans, or from a State or Local government plan?

- (1) Private employer or union plan
- (2) Military plan
- (3) Other federal plans
- (4) State or local government
- (5) Other

---

-PR58\_PR521-

Did you withdraw the money voluntarily, or did the plan require you to withdraw it?

- (1) Voluntarily
- (2) Required to withdraw

---

-PR59\_PR530-

What was the total amount of the lump sum or rollover?

---

-PR60\_PR540-

What is your best estimate of the lump sum or rollover amount?

READ ALL CATEGORIES.

- (1) Less than \$5,000
  - (2) \$5,000 to \$10,000
  - (3) \$10,001 to \$25,000
  - (4) \$25,001 to \$50,000
  - (5) \$50,001 to \$75,000
  - (6) \$75,001 or more
-

-PR61\_PR550-

Did you actually receive the money, or was it directly rolled over into another plan or to an IRA?

- (1) Actually received
- (2) Directly rolled over

---

-PR62\_PR560-

After receiving the lump sum payment, did you then roll any of the money over into another retirement plan or into an IRA?

- (1) Yes
- (2) No

---

-PR63\_PR570-

Did you roll it over into another plan on your job, an individual annuity, an IRA, or some other type of plan?

- (1) Plan on job
- (2) Individual annuity
- (3) IRA
- (4) Other

---

-PR64\_PR571-

Did you roll over the entire amount or just part of it?

- (1) Entire amount
- (2) Partial amount

---

-PR65\_PR580-

People who receive lump sums may spend or invest the money in many different ways. How did you use the money from the lump sum you received?

ENTER ALL THAT APPLY.     ENTER "N" AFTER LAST ENTRY.

- (01) Invested in an IRA, annuity, or other retirement program
- (02) Put it into a savings account or CDs
- (03) Invested in other financial instruments (stocks, mutual funds, bonds, money market funds)
- (04) Invested in land, other real properties
- (05) Invested in own or family business or farm
- (06) Used for housing (purchase, paid off mortgage, home improvements/repairs)
- (07) Paid bills, loans, or other debts



- (08) Bought a car, boat, furniture, or other consumer items
- (09) Vacation, travel, or recreation
- (10) Paid expenses while laid off
- (11) Moving or relocation expenses
- (12) Medical or dental expenses
- (13) Paid or saved for education
- (14) General or everyday expenses
- (15) Gave to family members or charities
- (16) Paid taxes
- (17) Saved for retirement expenses
- (18) Saved or invested in other ways
- (19) Spent in other ways

---

-PR66\_PR600-

Earlier you said you received some pension or retirement income other than Social Security during the period from (reference month 1) through (reference month 4). Will you continue to receive these benefits for the rest of your life, or will it be just a limited number of payments, or was it just a single lump sum payment?

ENTER ALL THAT APPLY.

ENTER "N" AFTER LAST ENTRY.

- (1) Rest of life
- (2) Limited number of payments
- (3) Lump-sum payment

---

-PR67\_PR610-

Did you receive this income from more than one pension plan?

- (1) Yes
- (2) No

---

-PR68\_PR620-

How many different plans did you receive this income from?

---

-PR69\_PR640-

The following questions refer to the pension or retirement plan that pays the largest amount of lifetime benefits. The following questions refer to the benefits you are receiving in a limited number of payments. The following questions refer to the benefits you received as a lump-sum payment. Does this pension benefit come from a job or business that you held in the past, or does it come from a job or business held by your former spouse?

- (1) Respondent's job
- (2) Respondent's former spouse's job
- (3) Other

---

-PR70\_PR650-

In what year did you begin receiving this pension?

\_\_\_\_\_ Year

---

-PR71\_PR660-

Was the amount of this pension payment based on years of service and pay, or on the amount of money held in an individual account for you?

- (1) Years of service and pay
- (2) Amount in individual account

---

-PR72\_PR670-

Were reduced benefits taken in order to elect a survivor's option?

- (1) Yes
- (2) No
- (3) No survivor's option offered

---

-PR73\_PR680-

Has the amount of your pension ever increased for any reason?

- (1) Yes
- (2) No

---

-PR74\_PR690-

Does your pension plan provide for automatic cost-of-living adjustments known as COLA's?

- (1) Yes
- (2) No

---

-PR75\_PR700-

Did the amount of your pension payment ever decrease for any reason?

- (1) Yes
- (2) No

---

-PR76\_PR710-

How much did you receive from this plan each month when you first began receiving the pension payment?

---

-PR77\_PR720-

How much do you currently receive EACH MONTH from this plan?

---

-PR78\_PR730-

Now I have some questions about your most recent lump sum payment. Did this payment come from a job or business you held in the past, or did it come from a job or business held by your former spouse?

- (1) Respondent's former job
- (2) Respondent's former spouse's job
- (3) Other

---

-PR79\_PR740-

Have you ever retired from a job or business?

- (1) Yes
- (2) No

---

-PR80\_PR750-

Have you ever worked for pay as much as five years or more?

- (1) Yes
- (2) No

---

-PR81\_PR751-

Did you retire from a job or from a business?  
Was your longest employment on a job or in a business?  
Did this pension benefit come from a job or from a business?

- (1) Job
  - (2) Business
-

-PR82\_PR760-

(The next questions are about the job from which you received this pension or retirement income./The next questions are about the job from which you received this most recent lump-sum payment./The next questions are about the job from which you retired.  
The next questions are about the job on which you worked the longest.)

What type of organization was that?

- (1) A Government organization (including Armed Forces)
- (2) A Private for profit Company
- (3) A non-profit organization including tax-exempt and charitable organizations
- (4) A family business or farm?

---

-PR83\_PR770-

Was that Federal Government, State Government, Local Government, or active duty Armed Forces?

- (1) Federal Government (civilian)
- (2) State Government
- (3) Local Government (county, city, township)
- (4) Active duty Armed Forces

---

-PR84\_PR780-

What was the main function or activity of the government organization that you worked for ?

---

-PR85\_PR781-

Did you work as a paid or unpaid employee for the family business or farm?

- (1) For pay
- (2) Unpaid worker

---

-PR86\_PR790-

What kind of business or industry was that?

READ IF NECESSARY:

What did they make or do where you worked?

---

-PR87\_PR810-

Was it mainly?

- (1) Manufacturing
- (2) Wholesale Trade
- (3) Retail Trade
- (4) Service
- (5) Some other kind of business?

---

-PR88\_PR820-

What kind of work were you doing on that job, that is, what was your occupation?

For example: Bookkeeper, Plumber, Press operator

---

-PR89\_PR830-

What were your usual activities or responsibilities on that job?

For example: Keeping account books, repairing pipes, operating printing presses

---

-PR90\_PR840-

Did your employer operate in more than one location?

- (1) Yes
- (2) No

---

-PR91\_PR850-

How many people were employed at the location where you worked?

- (1) less than 10
  - (2) 10 to 24
  - (3) 25 to 49
  - (4) 50 to 99
  - (5) 100 to 249
  - (6) 250 to 499
  - (7) 500 to 999
  - (8) 1,000 or more
-

-PR92\_PR860-

About how many people were employed by that employer at all locations?  
About how many people were employed by that employer?

- (1) less than 10
- (2) 10 to 24
- (3) 25 to 49
- (4) 50 to 99
- (5) 100 to 249
- (6) 250 to 499
- (7) 500 to 999
- (8) 1,000 or more

---

-PR93\_PR870-

When you worked for that employer, were you covered under a union or employee association contract?

- (1) Yes
- (2) No

---

-PR94\_PR880-

How many hours per week did you usually work at that job?

\_\_\_\_\_ Hours

---

-PR95\_PR890-

How many weeks during the year did you usually work at that job? Include paid vacation and sick leave as work time.

\_\_\_\_\_ WEEKS

---

-PR96\_PR900-

How many years did you work at that job?

\_\_\_\_\_ Years

---

-PR97\_PR910-

In what year did you leave that job?

\_\_\_\_\_ Year

---

-PR98\_PR920-

When you left that job, how much were you earning before deductions for taxes, etc?

\$ \_\_\_\_\_

- Per:   (1) Week  
         (2) Biweekly  
         (3) Month  
         (4) Year

---

-PR99\_PR940-

Are you now covered by a health plan provided through your former employer?

- (1) Yes  
(2) No

---

-PR100\_PR950-

(The next questions are about the business from which you received this pension or retirement income./The next questions are about the business from which you received    this most recent lump-sum payment./The next questions are about the business from which you retired./The next questions are about the business which you operated for the longest time.

What kind of business was that?

READ IF NECESSARY: What did the business do or make?

---

-PR101\_PR951-

Was this business mainly...

- (1) Manufacturing  
(2) Wholesale Trade  
(3) Retail Trade  
(4) Service  
(5) Some other kind of business?
-

-PR102\_PR952-

What kind of work were you doing at that business, that is, what was your occupation?

For example: Sales manager, dentist, farmer

---

-PR103\_PR953-

What were your usual activities or responsibilities at that business?

For example: Managing sales, repairing teeth, farming

---

-PR104\_PR954-

What was the maximum number of people you employed, including yourself, who worked at this business at any one time?

- (1) less than 10
  - (2) 10 to 24
  - (3) 25 to 49
  - (4) 50 to 99
  - (5) 100 to 249
  - (6) 250 to 499
  - (7) 500 to 999
  - (8) 1,000 or more
- 

-PR105\_PR955-

Was this business incorporated?

- (1) Yes
  - (2) No
- 

-PR106\_PR956-

How many hours per week did you usually work at that business?

\_\_\_\_\_ Hours

---



-PR107\_PR957-

How many weeks during the year did you usually work at that business? Include paid vacation and sick leave as work time.

\_\_\_\_\_ WEEKS

---

-PR108\_PR958-

How many years did you work at that business?

\_\_\_\_\_ Years

---

-PR109\_PR959-

In what year did you leave that business?

\_\_\_\_\_ Year

---

-PR110\_PR960-

When you left that business, how much were you earning before deductions for taxes, etc?

\$ \_\_\_\_\_

Per:   (1) Week  
         (2) Biweekly  
         (3) Month  
         (4) Year

---

-PR111\_PR970-

Are you now covered by a health plan provided through your former business?

(1) Yes  
(2) No

---

-PR112\_PR980-

Compared to the standard of living you had in your early fifties, would you say that your current standard of living is...

READ ALL CATEGORIES.

- (1) Much better
- (2) Somewhat better
- (3) About the same
- (4) Somewhat worse
- (5) Much worse

---

End of Retirement and Pension Plan Coverage Topical Module

SIPP 2001 Panel Wave 7  
Annual Income and Retirement Accounts Topical Module

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-LEAD\_INA-

Now, I have a few questions regarding your annual income and retirement accounts.

---

-AIRA002\_BUS97A-

(List business roster)

Earlier you told me you operated [Read Name of Business] during 2002. Did you own and operate any other businesses during 2002?

- (1) Yes
  - (2) No
- 

-AIRA003\_BUS97B-

Did you own and operate any business during 2002?

- (1) Yes
  - (2) No
- 

-AIRA004\_BUSNAM-

What was the name of these businesses?

ENTER (N) AFTER LAST BUSINESS

Business 1: \_\_\_\_\_  
Business 2: \_\_\_\_\_  
Business 3: \_\_\_\_\_  
Business 4: \_\_\_\_\_  
Business 5: \_\_\_\_\_

---

-AIRA006\_TWOBUS-

Businesses listed in prior interviews

Businesses listed this interview

Which two of the businesses yielded the largest net incomes during 2002?

ENTER (N) IF NO SECOND BUSINESS

ENTER (N) AFTER LAST BUSINESS

Business 1 \_\_\_\_\_

Business 2 \_\_\_\_\_

---

-AIRA007\_BS1FRM-

What was the form of this (business/practice) - was it a sole proprietorship, a partnership, or a corporation?

- (1) Sole proprietorship
- (2) Partnership
- (3) Corporation

---

-AIRA008\_BS1LOC-

Was this business primarily located in ... own home or somewhere else?

- (1) Own home
- (2) Somewhere else

---

-AIRA010\_BS1OWN-

Were any other members of this household part owners of this (business/practice)?

- (1) Yes
- (2) No

---

-AIRA011\_BS1WHO-

Which other household members were owners?

\_\_\_\_\_ Person

\_\_\_\_\_ Person

Enter line number of person

-AIRA013\_BS1HH-

Was this (business/practice) owned entirely by members of this household?

(1) Yes

(2) No

---

-AIRA014\_BS1PCT-

What percentage of this (business/practice) was owned by members of this household?

\_\_\_\_\_ Percent

---

-AIRA015\_BS1PTO-

What percentage of this (business/practice) did you own in your own name?

\_\_\_\_\_ Percent

---

-AIRA016\_BS1PCT-

What were the gross receipts of this (business/practice) in 2002?

\_\_\_\_\_ Dollars

---

-AIRA017\_BS1EXP-

What were the total expenses of this (business/practice) in 2002?

\_\_\_\_\_ Dollars

---

-AIRA021\_BS1NET-

What was your net income from this (business/practice) in 2002? Please use records if they are available. (Obtain estimate if necessary.)

PROFIT

\$\_\_\_\_\_

OR  
LOSS

\$\_\_\_\_\_

(N) None  
(R) Refused  
(D) Don't know

---

-AIRA024\_BS1OTH-

Apart from the net income already reported for yourself, did other household owners receive any net income in 2002 from this (business/practice)?

(1) Yes  
(2) No

---

-AIRA025\_BS1AMT-

What was the amount of net income that was received by first other household owner?

\_\_\_\_\_ Line Number

PROFIT

\$\_\_\_\_\_

OR  
LOSS

\$\_\_\_\_\_

---

-AIRA026\_BS1NTO-

What was the amount of net income that was received by second other household owner?

Enter (N) for no more persons.

\_\_\_\_\_ Line Number

PROFIT

\$ \_\_\_\_\_

OR

LOSS

\$ \_\_\_\_\_

---

-AIRA027\_BS2FRM-

What was the form of this (business/practice) - was it a sole proprietorship, a partnership, or a corporation?

- (1) Sole proprietorship
- (2) Partnership
- (3) Corporation

---

-AIRA028\_BS2LOC-

Was this business primarily located in your own home or somewhere else?

- (1) Own home
- (2) Somewhere else

---

-AIRA030\_BS2OWN-

Were any other members of this household part owners of this (business/practice)?

- (1) Yes
- (2) No

---

-AIRA031\_BS2WHO-

Which other household members were owners?

\_\_\_\_\_ Person

\_\_\_\_\_ Person

Enter line number of person

---

-AIRA032\_BS2HH-

Was this (business/practice) owned entirely by members of this household?

- (1) Yes
- (2) No

---

-AIRA033\_BS2PCT-

What percentage of this (business/practice) was owned by members of this household?

\_\_\_\_\_ Percent

---

-AIRA034\_BS2PTO-

What percentage of this (business/practice) did you own in your own name?

\_\_\_\_\_ Percent

---

-AIRA035\_BS2PCT-

What were the gross receipts of this (business/practice) in 2002?

\_\_\_\_\_ Dollars

---

-AIRA036\_BS2EXP-

What were the total expenses of this (business/practice) in 2002?

\_\_\_\_\_ Dollars

---

-AIRA\_BS2NET-

What was your net income from this (business/practice) in 2002? Please use records if they are available. (Obtain estimate if necessary.)

PROFIT

\$ \_\_\_\_\_

OR  
LOSS

\$ \_\_\_\_\_

(N) None



---

-AIRA040\_BS2OTH-

Apart from the net income already reported for yourself, did other household business owners receive any net income in 2002 from this (business/practice)?

(1) Yes

(2) No

---

-AIRA041\_BS2AMT-

What was the amount of net income that was received by first other household owner?

\_\_\_\_\_ Line Number

PROFIT

\$\_\_\_\_\_

OR

LOSS

\$\_\_\_\_\_

---

-AIRA042\_BS2NTO-

What was the amount of net income that was received by second other household owner?

Enter (N) for no more persons

\_\_\_\_\_ Line Number

PROFIT

\$\_\_\_\_\_

OR

LOSS

\$\_\_\_\_\_

---

-AIRA052\_NETOBS-

What was your net income from your other businesses in 2002?

PROFIT

\$\_\_\_\_\_

OR

LOST

\$\_\_\_\_\_

(N) None

(D) Don't know

(R) Refused

---

-AIRA053\_IRA-

Do you have an Individual Retirement Account, that is, an IRA, in your own name?

(1) Yes

(2) No

---

-AIRA054\_IRACON-

Did you make any tax-deductible contributions to IRA accounts which applied to your 2002 tax return?

(1) Yes

(2) No

---

-AIRA055\_IRAAMT-

How much were your tax-deductible contributions to IRA accounts which applied to your 2002 tax return?

\$\_\_\_\_\_ Amount

---

-AIRA056\_IRAWD-

Did you make any withdrawals from your IRA accounts during 2002?

(1) Yes

(2) No

---

-AIRA057\_IRAWAT

How much did you withdraw from IRA accounts during 2002?

\$\_\_\_\_\_Amount

---

-AIRA058\_IRAERN-

Including all IRA accounts in your own name, how much did your IRA accounts earn during 2002?

\$\_\_\_\_\_ Amount

(N) None

---

-AIRA059\_IRAAST-

What types of assets did you have in your IRA accounts?

(Mark all that apply.)

- (1) Yes            (2) No
- (1) Certificates of deposit or other savings certificates
- (2) Money market funds
- (3) U.S. Government securities
- (4) Municipal or corporate bonds
- (5) U.S. Savings Bonds
- (6) Stocks or mutual fund shares
- (7) Other assets

---

-AIRA060\_KEO-

Do you have a Keogh account in your own name?

- (1) Yes
- (2) No

---

-AIRA061\_KEOCON-

Did you make any tax-deductible contributions to a Keogh account which applied to your 2002 tax return?

- (1) Yes
- (2) No
-

-AIRA062\_KEOAMT-

How much were your tax-deductible contributions to Keogh accounts which applied to your 2002 tax return?

\$\_\_\_\_\_ Amount

---

-AIRA063\_KEOWD-

Did you make any withdrawals from your Keogh accounts during 2002?

- (1) Yes
  - (2) No
- 

-AIRA064\_KEOWAT-

How much did you withdraw from Keogh accounts during 2002?

\$\_\_\_\_\_ Amount

---

-AIRA065\_KEOERN-

Including all Keogh accounts in your own name, how much did your Keogh accounts earn during 2002?

\$\_\_\_\_\_ Amount  
(N) None

---

-AIRA066\_KEOAST-

What type of assets did you have in your Keogh accounts?  
(Mark all that apply.)

- (1) Certificates of deposit or other savings certificates
  - (2) Money market funds
  - (3) U.S. Government securities
  - (4) Municipal or corporate bonds
  - (5) U.S. Savings Bonds
  - (6) Stocks or mutual fund shares
  - (7) Other assets
-

-AIRA068\_401-

During 2002, did you participate in an employee thrift plan such as a 401k plan? Such a plan allows employees to defer part of their salary and not have to pay taxes on their deferred salary until they retire or make a withdrawal.

- (1) Yes
- (2) No

---

-AIRA069\_401CON-

How much did you contribute to this plan during 2002?

- \$\_\_\_\_\_ Amount
- (N) None

---

-AIRA070\_401WD-

Did you make any withdrawals from your 401k plan during 2002?

- (1) Yes
- (2) No

---

-AIRA072\_401WAT-

How much did you withdraw from 401k plan accounts during 2002?

- \$\_\_\_\_\_Amount

---

-AIRA073\_401ERN-

Including all 401k plan accounts in your own name, how much did your 401k plan accounts earn during 2002?

- \$\_\_\_\_\_Amount
  - (N) None
-

-AIRA074\_401AST-

What types of assets did you have in your 401k plan accounts?

(Mark all that apply.)

(1) Yes            (2) No

(1) Money market funds

(2) U.S. Government securities

(3) Municipal or corporate bonds

(4) Stocks or mutual fund shares

(5) Other assets

---

End of Annual Income and Retirement Amounts Topical Module

SIPP 2001 Panel Wave 7  
Taxes Topical Module

---

-TAXLEADIN-

Now I would like to ask you a few questions about your 2002 Income Taxes.

---

-TAX002\_FILE-

Did you file a Federal income tax return for 2002?

- (1) Yes
- (2) No

---

-TAX003\_COPY-

Do you have a copy of your tax form or a worksheet that you could refer to for the next few questions?

- (1) Yes
- (2) No

---

-TAX004\_STATUS-

What was your filing status on your 2002 Federal tax return?

(Lines 1 - 5 on Forms 1040 or 1040A)

- (1) Single taxpayer
- (2) Married, filing joint return
- (3) Married, filing separately
- (4) Head of household
- (5) Qualifying widow(er) with dependent child

---

-TAX005\_EXEMP-

What were the total number of exemptions claimed on your return?

(Line 6d on Forms 1040 or 1040A)

\_\_\_\_\_Enter number of exemptions

-TAX007\_EXEMHH-

Besides yourself, which persons in this household did you claim as an exemption?

\_\_\_\_\_ Person  
\_\_\_\_\_ Person  
\_\_\_\_\_ Person  
\_\_\_\_\_ Person  
\_\_\_\_\_ Person

Enter line number of person covered. Enter "A" for all persons covered.  
Enter (N) for none/no more

---

-TAX008\_EXMOUT-

Did you claim exemptions for any persons who lived outside of your home for the entire year?

- (1) Yes
- (2) No

---

-TAX008B\_EXEMNO-

How many persons who lived outside of the household did ... claim exemptions for the entire year?

ENTER NUMBER OF PERSONS OUTSIDE OF THE HOUSEHOLD: \_\_\_\_\_

---

-TAX009\_RELATE-

What was the relationship of [fill this person/these persons] to you?  
"N" for none/no more.

- (1) Parent
- (2) Child
- (3) Brother/sister
- (4) Other

---

-TAX011\_FORM-

Did you file form 1040, the long form, or did you file one of the short forms, 1040A or 1040EZ?

- (1) Form 1040
  - (2) Form 1040A
  - (3) Form 1040EZ
-



-TAX012\_SCHEDA-

Did you file a Schedule A, Itemized Deduction, with your 2002 tax return?

(1) Yes

(2) No

---

-TAX013\_SCHEDD-

Did you file Schedule D, Capital Gains and Losses, with your 2002 tax return?

(1) Yes

(2) No

---

-TAX017\_ITEMIZ-

How much were you and your spouse's itemized deductions for 2002?  
(Line 36 of Form 1040)

\_\_\_\_\_ Amount

---

-TAX018\_DEPEND-

Did you claim a child and dependent care expense credit in 2002?  
(Line 41 on Form 1040; line 26 on Form 1040A)

(1) Yes

(2) No

---

-TAX019\_DEPAMT-

What was that amount?

\_\_\_\_\_ Amount

---

-TAX019B\_DEPWHO-

For which persons did you claim this exemption?

ENTER LINE NUMBER OF PERSON COVERED. ENTER "A" FOR ALL  
PERSONS AND "N" FOR NONE/NO MORE.

-TAX020\_CREDIT-

Did you claim a credit for the elderly or the disabled in 2002?  
(Line 42 on Form 1040; line 27 on Form 1040A)

- (1) Yes
- (2) No

---

-TAX021\_CRDAMT-

What was that amount?

\_\_\_\_\_ Amount

---

-TAX023\_GAINS-

(ENTER LOSS AS A NEGATIVE AMOUNT)

How much were you and your spouse's capital gains or losses from the sale or exchange of personal assets for 2002?  
(Line 13 on Form 1040)

(N) None  
\$\_\_\_\_\_

---

-TAX024\_AGI-

(ENTER LOSS AS A NEGATIVE AMOUNT)

FR NOTE: Line 33 on FORM 1040, Line 18 on FORM 1040A, Line 4 on FORM 1040EZ

What was you and your spouse's adjusted gross income in 2002?

(N) None  
\$\_\_\_\_\_

---

-TAX025\_TXLIAB-

What was you and your spouse's net tax liability in 2002?  
(Line 56 on Form 1040; line 34 on Form 1040A; line 10 Form 1040EZ.)  
\_\_\_\_\_ Amount

---

-TAX027\_EARN-

Did you claim an earned income credit on your Federal income tax return?

(1) Yes

(2) No

---

-TAX028\_ERNAMT-

What was the amount of earned income credit claimed?

(Line 59a on Form 1040; line 37b on Form 1040A; line 8a on Form 1040EZ.)

\_\_\_\_\_ Amount

---

-TAX028B\_ERNWHO-

For which persons did you claim this exemption?

ENTER LINE NUMBER OF PERSON COVERED. ENTER "A" FOR ALL PERSONS COVERED AND "N" FOR NONE/NO MORE.

---

-TAX032\_PROPTX-

Did you pay any property taxes on any residence(s) in 2002?

(1) Yes

(2) No

---

-TAX033\_PROPAY-

Did you pay these jointly with someone else living here?

(1) Yes

(2) No

---

-TAX034\_PROWHO-

Who made these joint payments with you?

Enter line number of person who made joint payments. Enter "A" for all persons covered and "N" for none/no more.

\_\_\_\_\_ Person

\_\_\_\_\_ Person

-TAX035\_PROAMT-

What was the property tax bill for your residence(s) in 2002?  
(Line 6 of Schedule A, property tax bills; or other documents such as escrow summaries from the mortgage company)  
\_\_\_\_\_ Amount

---

End of Taxes Topical Module